

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25876

Registration District No. 698

Primary Registration District No. 1929

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Platte  
(b) City or town Rushville (~~Rural~~) Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rt. # 1 Rushville, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 years  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT  
FULL NAMECharles Conard3. (b) If veteran,  
name warNone3. (c) Social Security  
No.None

## 4. Sex

Male5. Color or  
raceWhite6. (a) Single, widowed, married,  
divorcedMarried

## 6. (b) Name of husband or wife

Ida6. (c) Age of husband or wife if  
alive60 years

## 7. Birth date of deceased

March30,1863

(Month)

(Day)

(Year)

## 8. AGE:

Years

78

Months

3

Days

9

If less than one day

hr. min.

## 9. Birthplace

Rushville,

(City, town, or county)

Indiana

(State or foreign country)

## 10. Usual occupation

Retired

## 11. Industry or business

None

## 12. Name

James Conard

## 13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

## 14. Maiden name

Mary Price

## 15. Birthplace

Unknown

(City, town, or county)

Indiana

(State or foreign country)

## 16. (a) Informant

Ida J. Conard

## (b) Address

Rt. # 1 Rushville, Missouri17. (a) Burial

(Burial, cremation, or removal)

## (b) Date thereof

7/11/41

(Month) (Day) (Year)

## (c) Place: burial or cremation

Sugar Creek Cemetery

## 18. (a) Signature of funeral director

John C. Smith

## (b) Address

6054 Pryor Ave., St. Joseph, Mo.19. (a) July 10 41

(Date received local registrar)

(b) J. H. Miller

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Platte  
(c) City or town Rushville, Rt. # 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1941 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from  
7-9 and 1941 to 7-9, 1941  
that I last saw him alive on 7-9, 1941  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Embolism  
Arteriosclerosis

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy

## Duration

1 hour

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

## While at work?

(Specify type of place)

(e) Means of injury

## 23. Signature

E. J. Ross

(M. D. or other)

## Address

5008 High Hill

## Date signed

7-10-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John E. Ruff*

Licensed Embalmer No. 3986

P. O. Address 6954 Pryor Ave., St. Jose

Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.